

VERMONT	VERMONT WHOLESALE TOBACCO DEALER REPORT	FORM TB-1
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Due on or before the 15th of each month to cover the preceding month.

Month of _____ Year _____

Dealer's Name	State License Number
Address	Telephone Number
City, State, ZIP Code	E-mail Address

SNUFF

1. Total number of ounces sold during the month 1. _____
2. **Tax due** (Multiply Line 1 by \$1.66) 2. _____

OTHER TOBACCO PRODUCTS

3. Gross sales wholesale price exclusive of tax (Multiply tax-included price by .709) 3. _____
4. Exempt sales (Attach explanation of exempt sales.) 4. _____
5. Net taxable sales (Subtract Line 4 from Line 3) 5. _____
6. **Tax due** (Multiply Line 5 by 41%) 6. _____

TOTAL TAX DUE

7. Tax due on snuff and tobacco products (Add Lines 2 and 6) 7. _____
8. Discount if paid by the 15th (Multiply Line 7 by 2%) 8. _____
9. **Total tax due** (Subtract Line 8 from Line 7) 9. _____

Make checks payable to **Vermont Department of Taxes**

This report is for use by wholesale distributors and others who import tobacco products from out-of-state on which the Vermont tobacco tax has not been reported and paid.

Nonresident dealers must attach a schedule showing dates, invoice numbers, name and address of customer, and wholesale price of the shipments into Vermont. See example below.

Exempt sales include sales to other Vermont wholesale distributors, sales shipped out of Vermont by distributors, sales to the United States, or sales to or by a voluntary, unincorporated organization of the armed forces of the U.S. operating a place for the sale of goods pursuant to regulations created by the executive agency of the U.S. To qualify as an exempt out-of-state shipment, tobacco products must be shipped out-of-state and not picked up by the customer in Vermont. Complete Schedule A. Use extra pages if necessary, following the same format. Record the "Retail Price", if applicable.

SCHEDULE A				
Invoice Date	Invoice Number	To Whom Sold or Shipped	Address	"Wholesale Price"

SIGNATURE

I hereby swear, under pains and penalty of perjury, that this information is true and correct to the best of my knowledge.

**Sign
Here** 

Signature of Licensee

Printed Name

Title

Date